

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10817524

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	NO	DEP	NO	DEP	NO	DEP
1	1		1			
2						
3		1		1		
4		1		1		
5		2		2		
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TOTAL NO.	1		1			
TOTAL DEP.	8		7			
TOTAL CLAIMS	9		8			

	NO	DEP	NO	DEP	NO	DEP
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